

**SMILES FOR CHILDREN DENTAL RATES AND  
PREAUTHORIZATION (PA) / PREPAYMENT REVIEW (PR) REQUIREMENTS FOR PEDIATRIC DENTAL SERVICES\*  
Effective July 1, 2005**

PROC. CODE	DESCRIPTION	CURRENT RATE	NEW RATE	PA/PR	NOTES	IC RATE
D0120	PERIODIC ORAL EVALUATION	13.16	20.15			
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	20.24	24.83			
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	22.26	31.31			
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	46.38	71.91			
D0220	INTRAORAL - PERIAPICAL FIRST FILM	9.11	11.18			
D0230	INTRAORAL - PERIAPICAL, EACH	9.11	11.18			
D0240	INTRAORAL - OCCLUSAL FILM	10.00	12.27			
D0250	EXTRAORAL - FIRST FILM	38.46	47.19			
D0260	EXTRAORAL FILE, ADDITIONAL	35.00	42.94			
D0270	BITEWING, SINGLE FILM	9.11	11.18			
D0272	BITEWINGS - TWO FILMS	13.16	20.15			
D0274	BITEWINGS - FOUR FILMS	19.23	27.60			
D0330	PANORAMIC FILM	44.00	53.99			
D0340	CEPHALOMETRIC FILM	58.70	72.02			
D0470	DIAGNOSTIC CASTS	42.50	52.15			
D1110	PROPHYLAXIS - ADULT	38.46	47.19			
D1120	PROPHYLAXIS - CHILD	27.32	33.52			
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	16.94	20.79			
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	16.94	20.79			
D1351	SEALANT - PER TOOTH	26.31	32.28			
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	112.34	137.84			
D1515	SPACE MAINTAINER - FIXED - BILATERAL	186.22	228.49			
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	112.34	137.84			
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	186.22	228.49			
D1550	RE-CEMENTATION OF SPACE MAINTAINER	43.52	53.40			
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	44.32	59.38			
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	57.48	75.53			
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	68.61	89.18			

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D2161	MALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	77.72	100.36			
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	56.46	74.28			
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	68.61	89.18			
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	89.87	115.27			
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	104.04	132.66			
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	125.00	158.38			
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	56.46	74.28			
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	68.61	89.18			
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	89.87	115.27			
D2394	RESIN BASED COMPOSITE, 4 OR MO	100.00	127.70			
D2710	CROWN - RESIN (INDIRECT)	199.38	244.64	PR	Pre-Op X-Rays	
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	333.98	500.00	PR	Pre-Op X-Rays	
D2722	CROWN - RESIN WITH NOBLE METAL	416.98	500.00	PR	Pre-Op X-Rays	
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	388.64	500.00	PR	Pre-Op X-Rays	
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays	
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	383.58	500.00	PR	Pre-Op X-Rays	
D2792	CROWN - FULL CAST NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays	
D2794	CROWN - TITANIUM	393.70	500.00	PR	Pre-Op X-Rays	
D2915	RECEMENT POST AND CORE	35.42	43.46			
D2920	RECEMENT CROWN	35.42	43.46			
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	111.60	136.93			
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	111.60	136.93			
D2932	PREFABRICATED RESIN CROWN	104.50	128.22			

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D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	146.60	179.88			
D2934	STAINLESS STEEL CR - ESTHETIC	146.60	179.88			
D2940	SEDATIVE FILLING	33.40	40.98			
D2950	CORE BUILDUP, INCLUDING ANY PINS	89.87	110.27			
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	16.19	19.87			
D2952	CAST POST AND CORE IN ADDITION TO CROWN	100.29	123.06			
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	89.87	110.27			
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	295.08	362.06	PR	Pre-Op X-Rays	
D3110	PULP CAP DIRECT	15.00	18.41			
D3120	PULP CAP, INDIRECT	15.00	18.41			
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTI	67.80	83.19			
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	55.00	67.49			
D3230	PULPAL THERAPY, ANTERIOR, PRIM	135.00	165.65			
D3240	PULPAL THERAPY, POST-PRIMARY	170.00	208.59			
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	259.09	347.90			
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	300.59	398.82			
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	393.70	513.07			
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORAT	75.00	92.03			
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC	50.00	61.35			
D3353	APEXIFICATION/RECALCIFICATION - FINAL VST (INC COMPLETED ROOT CANAL THRPY - APICAL CLOSURE	330.00	404.91			
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	226.71	278.17	PR	Pre-Op X-Rays	
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	226.71	278.17	PR	Pre-Op X-Rays	

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D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	226.71	278.17	PR	Pre-Op X-Rays	
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	100.00	122.70	PR	Pre-Op X-Rays	
D3430	RETROGRADE FILLING - PER ROOT	50.00	61.35	PR	Pre-Op X-Rays	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	277.31	340.26			
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	200.00	200.00			
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUN	430.13	527.77	PR	Periodontal Charting and Pre-Op X-Rays	
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	300.00	368.04	PR	Periodontal Charting and Pre-Op X-Rays	
D4263	BONE GRAFT, 1ST SITE-QUADRANT		218.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4264	BONE GRAFT ADDTL SITE, QUAD		109.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	199.38	244.64			
D4271	FREE SOFT TISSUE PROCEDURE (INCLUDING DONOR SITE SURGERY)	275.00	337.43			
D4273	SUBEPITHELIAL SOFT TISSUE GRAF	325.00	398.71			
D4320	PROVISIONAL SPLINTING - INTRACORONAL	119.43	146.52			
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	209.50	257.06			
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPAC	75.91	93.14			
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	40.00	49.08			
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	15.95	19.57			
D4910	PERIODONTAL MAINTENANCE	50.60	62.09			
D5110	COMPLETE DENTURE - MAXILLARY	550.00	674.85			
D5120	COMPLETE DENTURE - MANDIBULAR	550.00	674.85			
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	

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D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5213	AXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CO	605.00	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY	605.00	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5225	MAX PART DENTURE, FLEX. BASE	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5226	MAND PART DENTURE, FLEX BASE	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	223.30	273.99	PR	Pre-Op X-Rays of All Teeth in Arch	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	26.31	32.28			
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	26.31	32.28			
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	16.19	19.87			
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	16.19	19.87			
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	67.80	83.19			
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	55.66	68.29			
D5610	REPAIR RESIN DENTURE BASE	67.80	83.19			
D5620	REPAIR CAST FRAMEWORK	98.18	120.47			
D5630	REPAIR OR REPLACE BROKEN CLASP	94.13	115.48			
D5640	REPLACE BROKEN TEETH - PER TOOTH	89.07	109.27			
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	77.94	95.63			
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	94.13	115.48			
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	164.97	202.39			
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	164.97	202.39			
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	84.01	103.06			
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	84.01	103.06			
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	193.30	237.14			

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D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	193.30	237.14			
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	119.43	146.52			
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	119.43	146.52			
D5951	FEEDING AID	319.00	391.41			
D6205	PONTIC, RESIN BASED	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	350.90	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6212	PONTIC - CAST NOBLE METAL	416.98	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6214	PONTIC, TITANIUM	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6252	PONTIC - RESIN WITH NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	239.25	293.56	PR	Pre-Op X-Rays of All Teeth in Arch	
D6710	CROWN, RESIN BASED	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6722	CROWN - RESIN WITH NOBLE METAL	439.24	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	385.00	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6792	CROWN - FULL CAST NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6794	CROWN, TITANIUM	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6930	RECEMENT FIXED PARTIAL DENTURE	51.61	63.33			
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	100.29	123.06			
D6971	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER	63.80	78.27			
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	89.87	110.27			

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D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	89.87	110.27			
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	15.00	18.41			
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	47.56	63.36			
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL O	77.94	110.63			
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	102.22	125.42			
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	154.85	190.00			
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	180.15	221.04			
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	200.00	245.40	PR	Pre-Op X-Rays	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	92.10	113.01			
D7260	OROANTRAL FISTULA CLOSURE	311.64	382.38			
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	150.00	184.02			
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	275.00	337.43	PR	Narrative	
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	205.15	251.72	PR	Pre-Op X-Rays and Narrative	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	102.22	125.42			
D7283	PLACEMENT, DEVICE TO AID ERUPT	35.00	42.94	PR	Pre-Op X-Rays and Narrative	
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	66.79	81.95			
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	66.79	81.95			
D7288	BRUSH BIOPSY	50.00	61.35			
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	83.00	101.84			
D7311	ALVEOLOPLASTY W/ EXT 1-3 TEETH	40.00	49.08			
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	139.67	171.38			
D7321	ALVEOLOPLASTY, W/O EXT	70.00	85.88			
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	115.84	142.14	PR	Copy of Pathology Report	

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D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	131.22	161.01	PR	Copy of Pathology Report	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	139.67	171.38			
D7472	REMOVAL OF TORUS PALATINUS	200.00	245.40			
D7473	REMOVAL OF TORUS MANDIBULARIS	139.67	171.38			
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	139.67	171.38			
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	25.30	31.04			
D7511	INCISION, DRAINAGE INTRA - COM		68.00			
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT"	319.00	391.41			
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	277.31	340.26			
D7963	FRENULOPLASTY	300.00	368.04			
D7970	ARCH	133.60	163.90			
D7971	EXCISION OF PERICORONAL GINGIVA	70.84	86.92			
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	133.60	163.90			
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	270.23	331.57	PR	Narrative of Need	
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	270.23	331.57	PR	Narrative of Need	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	270.23	331.57	PR	Narrative of Need	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	2,860.00	IC	PA		3,509.22
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	2,860.00	IC	PA		3,509.22
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	2,860.00	IC	PA		3,509.22
D8210	REMOVABLE APPLIANCE THERAPY	165.00	202.46			
D8220	FIXED APPLIANCE THERAPY	200.39	245.88			
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE - BY REPORT		IC	PR	Narrative of Need	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	39.47	48.43			



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D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	73.38	128.00			
D9221	DEEP SEDATION/GENERAL ANES, AD	12.23	64.00			
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	27.50	33.74			
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	55.00	110.00			
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES		50.00			
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	55.00	67.49			
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER	67.80	83.19			
D9420	HOSPITAL CALL	52.62	64.56			
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	26.31	32.28			
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	16.19	19.87			
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	16.19	19.87			
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	26.31	32.28			
D9920	BEHAVIOR MANAGEMENT, BY REPORT	55.83	68.50			
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	27.32	33.52			
D9999	UNSPECIFIED PROCEDURE - BY REPORT		IC	PA	Hospital Cases Only	153.25
			IC	PR	Non-Hospital Cases Narrative of Medical Need	